

BOARD OF PROBATION INQUIRY REQUEST FOR CRIMINAL RECORD VENDOR WORKER

PLEASE PRINT LEGIBLY

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

CURRENT TELEPHONE NBR. _____

MAIDEN NAME (if applicable) _____

ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY NBR. _____

SEX _____ HEIGHT _____ ft. _____ in. WEIGHT _____ lbs.

COLOR OF EYES _____

COLOR OF HAIR _____

CITIZENSHIP _____ DATE OF NATURALIZATION (if applicable) _____

MARRIED _____ SINGLE _____ WIDOW _____ WIDOWER _____ DIVORCED _____

RACE _____

OTHER NAMES USED _____

FATHER'S FULL NAME _____

FATHER'S COUNTRY OF BIRTH _____

MOTHER'S FULL MAIDEN NAME _____

MOTHER'S COUNTRY OF BIRTH _____

WIFE'S FULL MAIDEN NAME OR HUSBAND'S FULL NAME _____

ADDRESS _____

NAME OF VENDOR YOU WILL BE WORKING WITH _____